

FILED JAN 21 1948
Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 116

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Clayton, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Res: McMillan Hall, Washington Univ. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis,
(c) City or town Clayton 5,
(If outside city or town limits, write "RURAL")
(d) Street No. McMillan Hall, Washington University
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EIRA BELOTE BRIDGES.

3. (b) If veteran, name war None. 3. (c) Social Security No. None.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced, Widowed.
6. (b) Name of husband or wife Roscoe C. Bridges, 6. (c) Age of husband or wife if alive Dec'd
7. Birth date of deceased August 19th, 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49.</u>	<u>4.</u>	<u>26.</u>	hr. _____ min _____

9. Birthplace Nashville, Tennessee. /
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher. Blewett H. S. and Washington University.

11. Industry or business _____

12. Name James Isaac Belote.
13. Birthplace Clarksville, Tennessee. /
(City, town, or county) (State or foreign country)
14. Maiden name Etta C. Cofer.
15. Birthplace Hopkinsville, Kentucky. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Robert E. Wilson.
(b) Address Statler Hotel.

17. (a) Interrment. (b) Date thereof 1/17/48.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Blvd.

19. (a) 1-14-48 (b) Richard W. Maxwell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1948 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 13 only.
_____, 19____, to _____, 19____;
that I last saw h. ex. alive on Jan. 13, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction Duration 30 min.

Due to 940
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None.
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Richard W. Maxwell (M. D. or other) _____
Address 3720 W. Washington Date signed 1-14-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Raymond L. Morris*
Licensed Embalmer No. *4330*
P. O. Address *Maplewood, W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.